



RECEIVED

SEP 20 2001

Group 2100

Please type a plus sign (+) inside this box → ☒

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/738,013
	Filing Date	December 14, 2000
	First Named Inventor	Herbert D. Jellinek
	Group Art Unit	2161
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	FUSN1-01304US0

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request to Change Attorney Docket Number
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William J. Harmon, III, Vierra Magen Marcus Harmon & DeNiro LLP
Signature	<i>William J. Harmon III</i>
Date	September 12, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>September 12, 2001</u>			
Typed or printed name	William J. Harmon, III		
Signature	<i>William J. Harmon III</i>	Date	September 12, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application)	<u>PATENT APPLICATION</u>
Inventor:)	
Herbert D. Jellinek)	
Application No.:)	Art Unit: 2161
09/738,013)	
Filed Date:)	
December 14, 2000)	
Title:)	Customer No.: 28554
REVERSE PROXY MECHANISM)	

REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicants are submitting a new Power of Attorney and Change of Correspondence address for the above-identified patent application. Therefore, please change the Attorney Docket Number for the above-identified patent application from 55408-0510 to "FUSN1-01304US0."

Respectfully submitted,

Date: September 12, 2001

By:

William J. Harmon
William J. Harmon
Reg. No. 40,635

VIERRA MAGEN MARCUS HARMON & DENIRO LLP
685 Market Street, Suite 540
San Francisco, California 94105
Telephone: 415.369.9660
Facsimile: 415.369.9665